

Mid-Atlantic Health Leadership Institute

EMPLOYEE ORIENTATION

Scholars

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September 29, 2008

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I. INTRODUCTION

Public health agencies will continue to face challenges in recruiting and retaining employees due to a shrinking public health workforce.¹ According to the Association of State and Territorial Health Officials report (2008), “twenty percent of the average state health agencies workforce will be eligible to retire within three years.”

Our goal is to launch an employee orientation for the Baltimore County Health Department. Through the orientation we will introduce the mission and values of the Health Department, provide an overview of the Health Department’s programs, services and contacts, offer a framework of self-care strategies, acquaint employees with Health Department customer service guidelines, and initiate an awareness of cultural competency. Through this orientation, we hope to improve customer service, increase job satisfaction and employee retention.

II. BACKGROUND

The Baltimore County Department of Health employs over 500 professionals to promote health and prevent disease⁴. The Department is divided into eight Bureaus, each dedicated to address a specific health need. Operating at 19 sites throughout the county³, the knowledgeable staff provides a wide array of services from substance abuse treatment to animal control. The employees are committed to maintaining professional standards while interacting with a diverse clientele. This Department strives to provide excellent customer service.

The Baltimore County Department of Health believes that “a well-trained, competent, caring and valued staff is integral to optimal delivery of public health services.” In the last fiscal year, 65 new employees were hired⁴, which is about 8% of the workforce. A 2008 Strengths Weaknesses Opportunities Threats Analysis (SWOT) noted the challenges of maintaining good communication within the Department, harmony among bureaus, retention of employees, and camaraderie². This could be a particular challenge to a new employee whose focus may be on learning their individual job. At this time, there is no formal method of orienting staff to the structure of the Health Department, its multitude of programs and sites, and its mission and values. There is a need to orient employees to the “big picture” of the Health Department’s role in the county and how the one employees work connects with all other services.

This MHLI team is addressing these challenges through the creation of an Employee Orientation for the Baltimore County Health Department. This will be an opportunity for all Department employees to attend a uniform orientation. Through group activities, icebreakers, games, presentations and printed material, our team hopes to increase communication across Bureaus, acclimate new employees to professional expectations and help new employees see the larger vision and mission of the Department of Health.

III. THE BALTIMORE COUNTY DEPARTMENT OF HEALTH

MHLI TEAM

We are a diverse team of five employees from the Baltimore County Department of Health. A combination of Social Workers, a Registered Nurse and a Public Health Investigator, our service with the Department ranges from 2 years to over 13 years. Four of us work at the main, administrative office and one works at another site. We represent four of the eight Bureaus in the Department. Our team has met nearly every Friday afternoon for one hour to work together on our project. Initially, our team included one scholar employed with the Baltimore City Health Department who joined us by conference call each week. Minutes were maintained for each meeting, and our team kept in touch by e-mail between meetings. We have practiced situational leadership; each of us has taken the lead to prepare a slide show, present an idea, design a survey or guide the process. With our various experiences and professional backgrounds, we all agreed that developing an Employee Orientation would be a valuable project for us and for the employees of the Department of Health.

IV. PROJECT DEVELOPMENT

March and April: Brainstorming and Team Development

The project's formation began with a series of discussions and research. At our weekly team meetings, we discussed various methods of gathering supportive data from other

Health Departments and how to identify and gain support of our stakeholders. The team researched resources available on customer service training through the Department of Human Resources as well as services available through the Employee Assistance Program. We also brainstormed topics that we should cover during the Orientation, specific information and formats to include.

A great amount of time was spent updating a 40-page manual, which details all of the Department of Health's services and appropriate contacts. The initial intention was to distribute this manual to the new employees as part of the Orientation. The process of updating gave us the opportunity to meet with managers of the programs and introduce the idea of our Employee Orientation project. It began the process of engaging our stakeholders. It also gave us the opportunity to learn about the various services.

Stephanie House, a previous MHLI Scholar and now the Chief of the Bureau of Administrative Services for the Department of Health, agreed to serve as our team mentor.

This early formation of the project was also the time that our team started to form. These conversations and weekly meetings led to our group experience of cohesion. We were introduced to each other's work styles, strengths, values and personalities. It was this formation time that prepared to work together as our scholar year progresses. Our team experiences are recorded in Appendix C.

May 30: Connect Project to Strategic Plan

Tiffany Tate, a consultant who helped the Department develop our current five-year strategic plan, met with our team in May. An outline of the Employee Orientation project was presented to Ms. Tate. She clearly saw the connection between our project and the goals that the Department and its individual Bureaus want to achieve. She suggested that we develop a strong outline of goals, objectives and action steps to present to our Acting Health Officer. She also wholeheartedly supported the project in her feedback to our Acting Health Officer.

June and July: Administrative Buy-In

Our team focused on developing and implementing a survey for the chiefs and directors of the various Bureaus in the Department during the month of June. (see appendix for survey and results). We created a 4-question survey, inviting their input on what are the most important areas to cover for new employees. On June 16, as a team, we presented our project at the weekly Bureau Director's meeting. Those present gave positive verbal feedback for the project. We distributed a copy of our overall goals and objectives, along with instructions for completing and returning the survey. The Bureau Chiefs were invited to join the scholars at the weekly meeting to offer verbal input to the team.

Within two weeks, we received back 11 out of 11 distributed surveys, including the director of each Bureau, the Health Officer as well as the Human Resources and Public Information Officer. One Bureau Chief attended the scholars meeting and gave positive feedback in support of the proposal. The responses were compiled, condensed and ranked based on frequency of response.

We then sought input from the program managers in the Department, who have closer connections with the staff and day-to-day running of services. The same survey, including the goals and objectives of the project, were distributed to all Managers by e-mail. We received back 9 of the 40 distributed. There was at least one response from each Bureau. These responses were added to the responses of the Bureau Directors. A summary of the survey and responses are in Appendix A.

The team considered a survey of the entire Department, but decided against it due to time limits of the team and the time of designing, administering and tabulating the survey.

August 22: Developing the Orientation Agenda

Using the survey responses as our guide, the team had a three-hour extended meeting to develop a detailed plan for the Orientation's Agenda. All of the high-ranking items were included in the plan for the Orientation. A copy of this Agenda is in the Appendix B.

September 10: Presentation to the Health Officer

The team met with the Acting Health Officer, Acting Deputy Health Officer, and the Director of the Department's Human Resources. We presented a summary of our project including the reason for the project, our goals and objectives, and the survey results. There was a discussion, including questions and suggestions. Overall, they were very supportive of our progress and our goals and offered assistance with materials and knowledge.

V. EMPLOYEE ORIENTATION

We begin our orientation with a welcome message from the department's Health Officer. Time will then be allocated for individuals to introduce themselves, describe something unique about them and discuss why they were drawn to work for the Baltimore County Department of Health. A Jeopardy pretest and icebreaker activity will be used to ease the participants into the orientation. The Jeopardy game will be presented in PowerPoint and the orientation group will be divided into teams. The questions will focus on programs and services of the Department of Health. We anticipate that the participants will struggle with some of the questions but the goal of the activity is to set the expectations for the information they are about to receive and at the same time relax the individuals through group participation.

The first major component of the employee orientation is an overview of the Department of Health. The participants will be given the Department's Mission and Values statements, as well as a brief discussion as to how these fit into the Department's strategic plan. A Department of Health contact and guide binder will be given to each individual. This binder will include information on the Department's bureaus, their functions, and contact numbers. A PowerPoint presentation will walk them through an organizational chart of the department. They will also receive a map of the Drumcastle building indicating where the bureaus are located. An additional map of the County indicating satellite sites will be included. The Department's Health Officer and the Bureau Chiefs will stop by the room throughout the day to introduce themselves personally to the orientees. Photographs of key personnel will be used for those who are unable to

personally appear. Participants will receive an overview of the department policies and procedures including Public Health Emergency Preparedness (P.H.E.P.), HIPAA and other important policies as decided by the Health Officer.

The department is judged not only on the range of services available but also how they are delivered. Customer service is the next component of this orientation. We begin with a brief introduction and then move to identify, "who is the customer?" The broad-range of the people we serve, both internal and external, are examined. We will facilitate a group discussion concentrating on examples of good and bad customer service and participants will be invited to share their personal experiences. A DVD entitled, "The Service Mentality," will then be presented. This DVD identifies the key components possessed by an individual delivering quality customer service. Participants will join in a role-play that encourages good communication skills. We will then focus specifically on telephone skills including tone of voice, key phrases that work and those to avoid, taking and returning messages, putting people on hold and making sure that the employee has done everything to address the need of the customer who has called. A discussion of interpersonal skills is undertaken to help people understand the proper way to greet people and the role body language plays in communication. Next, the role of professionalism will be addressed. The Department's dress code and professional conduct policies will be reviewed. A professional work environment is discussed addressing office space, cubicles and common use areas. Cultural competency, an essential component of public service, is then reviewed in detail. Information on the Department's diversity of clients will be presented as well as interpreter and translation services.

We will conclude our orientation with the posttest. Jeopardy, presented in PowerPoint is again used to engage the participants. Their participation should validate the learning process. The participants are then requested to perform a program evaluation that would assist us in making this orientation even better for future employees.

Although our proposal envisions a half-day orientation, we have planned additional components that could easily make the orientation a full day. Added units on self-care; a mini health fair and a scavenger hunt could be incorporated, if so desired.

VI. SUMMARY and CONCLUSION

From idea to template for a working orientation, our project has come a long way. We have learned so much about our agency and ourselves as a team. Whether it was finding time to meet, disagreements about direction and content or finding group cohesion, the experience has been both enriching and challenging. It has taken, much more time than we expected to get the various approvals for moving forward with our project. All in all, we feel that our project promises to be an extremely useful tool for our agency and hopefully, a model for others. The project is nearing completion and we are still working out some of the logistics for our pilot. We have received great support thus far and will continue moving toward implementation (hopefully in the early part of 2009) as we iron out details along the way. We are confident that this orientation will have a positive impact on our agency however, we are now at the end of our time with MHLI

and find ourselves uncertain about who will implement our project on a regular basis as well as who will continue to assure it's quality and timely implementation and evaluation. Nonetheless, the experience with MHLI has been an amazing one and we hope it continues to shape and enrich the leadership of our public health community as it has with us.

VII. BIBLIOGRAPHY

1. [ASTHO] Association of State and Territorial Health Officials. 2008. 2007 State Public Health Workforce Survey Results; p. 3.
2. Baltimore County Department of Health, FY 2009-FY 2015 Strategic Plan. Draft Version 5.2.
3. House, Stephanie. Bureau Chief, Administrative Services, Baltimore County Department of Health. Personal e-mail communications. Baltimore, Maryland. September 11, 2008.
4. Peregoy, Sandra. Director Human Resources, Baltimore County Department of Health. Personal e-mail communications. Baltimore, Maryland. September 12, 2008

APPENDIX A

MHLI PROJECT QUESTIONNAIRE

This is a summary of responses as submitted to the Department of Health's Acting Health Officer, nine Bureau Chiefs, the Public Information Officer, director of Human Resources, all of the 40 program managers. The responses are ranked with the most frequent ones first and the number indicates how many per response.

June and July 2008

Number surveys distributed: 51

Number surveys returned: 20

1. What are some important topics to include in an employee orientation for the Health Department? *(Please list at least two):*
 - 11 Overview of all Bureaus
 - 7 Organizational structure Health Department & connection to county gov't
 - 6 Intro Health Officer, Deputy HO and Bureau Directors and contacts within programs (2)
 - 7 Intro to Policies of the HD (including safety, dress code, inclement weather, time sheets, leave slips, mileage, cars, recycling etc) and intro to employee manual online
 - 6 Mission and Vision and Goals of the Health Department
 - 4 Map of Health Dept sites and tour of Drumcastle
 - 4 Being responsive and helpful to customers
 - 2 Cultural Diversity and competency
 - 2 Patient Confidentiality, including shredding vs. recycling
 - Role as Public Health Emergency response
 - Booklet for handling emergencies in the HD buildings
 - Expectation of Professionalism from all staff
 - How **you** represent BCHD and Baltimore County

- Collaboration with other bureaus/working together
- Encourage asking questions when you don't know what to do or how to proceed
- Professional Appearance
- Remaining Calm when a client is out of control
- Walk around/introduction of new staff
- Inter-staff etiquette

2. What areas of customer service should be addressed in an employee orientation?
(Please select the 3 that you feel are most important):

- 14 Interpersonal skills
- 9 Telephone etiquette
- 7 Helpfulness
- 4 Listening skills
- 6 Interaction with other coworkers
- 3 Appropriate Referrals
- 3 Addressing misdirected calls
- 3 Contact with difficult clients
- 2 Demeanor

- 2 Professionalism in the office
- General knowledge of Dept and how to direct call
- How to get answers for a customer when you don't know yet
- Striving for quality/accurate work & be accountable
- Find a way to say "yes"
- Answer a call from media/press

3. What effective strategies do you have in place for orienting new employees in your Bureau?

- 5 New employees shadow the experienced ones

- 4 Packet of materials/ manual Prepared packet with: duties, org chart, contact lists, address/fax/phone, copy code, e-mail account, time sheet info
 - 2 Office manager reviews travel, personnel, supplies, etc.& tour of 3rd floor
 - 2 Current staff encouraged to greet the newcomer
 - 2 Direct training from supervisors and colleagues
 - 2 New employees should visit related programs to learn about how they operate and relate to program in which they are/will be working
 - Review of HD Policies and Procedures
 - Review of HD Org chart/touch on each Bureau
 - Review of service offered by specific Bureau
 - General philosophies of the Bureau chief
 - The pluses and minuses of the unit
 - Meeting with individual program managers/directors for more in depth on the program
 - One-on-one orientation to duties
 - Testing/orientation to required competencies
 - Set a positive example
 - Discuss this in staff meetings
 - Introduce to key people
 - Assist in ordering supplies
 - Review expectations from the beginning
4. If there were one value you could impress upon new hires, what would it be?
- 5 Respect for customer and coworkers
 - 3 Teamwork and Collaboration
 - Everyone is entitled to receive access to comprehensive health care that includes prevention, education, early detection and treatment
 - Honesty is the best policy: if you don't know the answer, ask.

- Admit and deal with mistakes & move one
- Care for people and work to meet their needs is central to all in the BCHD
- Problem-solving
- Integrity
- Effective communication
- Pride in one's work
- We are an extended group of responders to emergency
- Compassion
- Community Involvement / We are client advocates as well as public servants

APPENDIX B

OUTLINE OF EMPLOYEE ORIENTATION

Outline of Agenda for the Orientation: Half day

- I. Welcome: (approx. 30 minutes)
 - A. Welcome message
 - a. *Activity*: Introduce self and something unique about you and why you wanted to work at Baltimore County Department of Health.
 - B. Icebreaker/ Jeopardy “pre-test”
 - a. Power Point Jeopardy game
 - i. Divide group into teams.
 - ii. Ask questions about programs and services.
- II. Health Department Overview (approx. 1 hour)
 - A. HD Mission and Values
 - a. Brief overview of these components as written in the strategic plan.
 - B. Bureaus and their Functions (contact guide binder)
 - a. Power point overview of organizational chart.
 - b. Map or guide to Drumcastle building and all health department sites (map of county and where satellite sites are located. (Monique’s brochure?
 - C. Who’s Who among staff
 - a. Power point presentation including pictures of key Health Department staff, their roles, and where they fit in the agency. (Bureau Chief’s, POI, Outreach Personnel, etc.).
 - D. Policies and Procedures
 - a. PHEP – Expected be available/respond during an emergency, major disasters, and drills.
 - b. Confidentiality – reiterate that everyone must complete a HIPPA/confidentiality training (offered twice a year?)
 - c. Important agency policies and procedures. (Dr. Branch, what would you like to be included)?
- III. Customer Service (approx.1 hour)
 - A. Introduction 15 minutes
 - B. Who is the customer?
 - a. Brief discussion about anyone potentially being your customer. Internal and external customers.
 - b. Group share- Examples of good and bad customer service.
 - c. Tape/CD - “*The Service Mentality*”.
 - C. Communication (provide handout of tips and role play)
 - D. Telephone skills
 - a. Tone of voice (examples given).

- b. Leaving/putting people on hold.
 - c. Announcing department/programs?
 - d. Taking and returning messages (e-mail complaints about this).
 - e. Voicemail and e-mail when going on vacation or will be out of the office.
 - f. Online phone directory both externally and on BCNET.
- E. Inter-personal skills
 - a. Greeting people, body language, and communication.
 - a. Being helpful – taking the time to make sure that the customer feels that you were helpful and that they were and feel that they were appropriately referred.
 - b. Asking coworkers if you're not sure.
 - c. Taking the caller's number and researching, promising to get back to them.
- F. Professionalism
 - a. Personal
 - i. Dress Cod.
 - ii. Conduct
 - b. Environmental
 - i. Office space
 - ii. Cubicle
 - iii. Common use areas

IV. Cultural Competency – Caridad? (20 minutes)

- A. Mandate.
- B. Present information about the clients we may serve,
- C. Resources we have (interpreter, translation services).

V. Post Test with Jeopardy (15 minutes)

VI. Additional Handouts and Information

- A. EAP handout

VII. Program Evaluation (5 minutes)

Addition if whole day orientation

VIII. Self Care

IX. Scavenger Hunt

X. Mini Health Fair

APPENDIX C

TEAM EXPERIENCES

Lessons Learned

- I have learned better appreciation for different personality styles and will be more open to working with styles that are vastly different from my own in the future. I feel as if I have developed a thicker skin.
- One cannot doubt for a second that different personality types can and should work together.
- If I had to do this again, I would probably scale down what we planned to do (i.e. the project may be limited to simply performing a needs assessment for an orientation).
- Never assume anyone else is on your timeline. If something needs to be done be sure to address a deadline.
- Recognize the strengths and weaknesses of each member of the group. Use those strengths and weaknesses when discussing assignments and duties.
- Don't judge people by your standards. Everyone has his or her own standards.
- A group of people can all be present in the room to hear a conversation, yet each person may walk away with a different idea.
- I learned that the leadership of our agency believes in its employees and the future mission of the people we serve.

Challenges

- I have had to work extremely hard to keep myself motivated even though I still believe in the project.

- Not all group members have been able to meet at the regular meeting time and it has created rifts in the group dynamic.
- It is difficult to organize your thoughts and ideas when you only have 1-2 hours per week to concentrate on a project of this magnitude. It seems to drag on forever. In the private sector you are given a project and time is allocated to complete the task. The Public Health arena does not afford us that luxury.
- It was a challenge sometimes to not take control of the direction of a meeting or task. It was a learning experience to allow & support someone else while they tried to figure out a situation.

Successes

- I really think our project is going to make a huge impact in our agency.
- Continued buy-in from executive offices of the department with minimal direction/changes.
- Despite our differences in personalities, work schedules, and work locations, we have learned to be a cohesive group and know how to get the job done!
- I have a better understanding of the overall mission of the Health Department and its structure.